5/1/2018 Electronic Filing Cover Sheet

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Account Name : COMPOLICENSE, INC Account Number : 120050600118 Phone : (305)774-9606

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FLORIDA LIMITED LIABILITY CO. LE-ROS CONSULTING, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF LE-ROS CONSULTING, LLC

ARTICLE I - NAME:

The name of the Limited Liability Company Is:

LE-ROS CONSULTING, LLC

ARTICLE II - ADDRESS:

The mailing and principal address of the of the Limited Liability Company is:

10510 NW 74 STREET, APT 104 DORAL, FL 33178

ARTICLE III - Registered Agent, Registered Office, & Registered

Agent's Signature:

Gustavo J. Leon

10510 NW 74/Street, Apt 104

Doral, FL 33178

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate. I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter 605, F.S.

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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE: NAME AND ADDRESS

MGRM Gustavo J. Leon

10510 NW 74 Street, Apt 104

Doral, FL 33178

MGRM Norma J. Rosales

10510 NW 74 Street, Apt 104

Doral, FL 33178

THESO 19

Norma J. Rosales 10510 NW 74 Street, Apt 104 Doral, FL 33178

(In accordance with section 605.0201, Florida Statutes, The execution of this document constitutes an affirmation under The penalties of perjury that the facts stated herein are true)